

CDC Human Subjects Adverse Event Report

(To Be Filled Out By Lead CDC Investigator)

An adverse event (AE) is defined as a physical injury to human research participants. Serious events (i.e., life threatening) should be reported to the IRB within 24 hours. Less serious injuries must be reported to the IRB within two weeks of their occurrence.

Please complete and sign this form. Submit to the Human Subjects Manager, Mark Long, at Mailstop D-50. Following review by the IRB, the IRB Chair will notify the Deputy ADS, who will notify OPRR in writing of the event and the corrective actions taken.

CDC Investigator: _____ Date of Event: _____	Protocol Number: _____ Participant's I.D. (if available): _____ Date First Known to You: _____
Name of Drug, Device or Procedure: _____	
Describe in detail the nature of the AE and timing of the event (attach addendum if necessary): <div style="height: 100px; border: 1px solid black;"></div>	
The likelihood the event was caused by the study is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ Probable _____ Possible _____ Unlikely _____ Definitely unrelated </div>	
Impact on participant (Check all that apply): <div style="margin-top: 5px;"> <input type="checkbox"/> Participant died <input type="checkbox"/> Required follow-up treatment <input type="checkbox"/> Resulted in prolonged hospitalization <input type="checkbox"/> Participant remains on study </div>	<div style="margin-top: 5px;"> <input type="checkbox"/> Resulted in disability <input type="checkbox"/> Required first aid <input type="checkbox"/> Attention beyond first aid </div>
Did investigator report this AE to? (Check all that apply) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ Co-investigator _____ FDA _____ Data Safety Monitoring Board </div>	
Describe corrective action taken by study investigator: (Check all that apply) <div style="margin-top: 5px;"> <input type="checkbox"/> Stop enrollment of new participants <input type="checkbox"/> Halt the study <input type="checkbox"/> Change data management/ coding procedures <input type="checkbox"/> Form committee to review procedures <input type="checkbox"/> Other (Please Comment) </div>	

Does this event require revision to the (YES or NO):	_____ Protocol	_____ Consent Form
If yes, please submit amendment (CDC form 1252), revised protocol and consent form.		
Signature of lead CDC investigator: _____ Date: _____ —		
Printed name of lead CDC investigator: _____ Phone: _____ —		
Approvals (Signature and Position Title)	Date:	Remarks:
Branch Chief:		
Division Director:		
CIO HSC:		